

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/562,990

FILING DATE

2-10-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2			1-			
3			1-			
4			3			
5			3			
6			3			
7			1-			
8			1-			
9			1-			
10			1-			
11			1-			
12			1-			
13			1-			
14			1-			
15			2			
16			2			
17			2			
18			1-			
19			1-			
20			1-			
21			1-			
22			1-			
23			1-			
24			1-			
25			1-			
26			1			
27			1-			
28			1-			
29			1-			
30			4			
31			4			
32			4			
33			4			
34			4			
35			1			
36			1-			
37			2			
38			2			
39			2			
40			2			
41			2			
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			67			
TOTAL CLAIMS			70			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	51					
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						